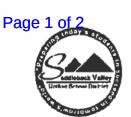
25631 Peter A. Hartman Way, Mission Viejo, CA 92691



Residency Verification Form

For continuing students who have moved or whose address has changed

The Saddleback Valley Unified School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Pupil Services can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment. School site administration has the authority to approve/deny requests based on available space, unsatisfactory attendance and/or behavior. Please attach copies of the information requested below so that we may update your address and determine whether your student is eligible to stay at their current school.

Student Name (Last, First)	Date of Birth	Current Gra	ade	Date			
Current School							
Parent/ Guardian Name (Last, First)	Home Phone		Cell Phone				
Old Address (street, city, zip)	School		ssigned to address				
New Address (street, city, zip)	School as		igned to address				
I wish to remain at current school							
☐ Yes ☐ No							
☐ Please check the box below indicating the two forms you will submit as residency verification that							
reflect your name and the new current address you list above:							
□ Current Gas bill □ Current Water bill □ Lease or Rental Agreement □ I am a renter and do not pay utilities because they are included in my rent. □ I will provide a letter from the lessor and/or a copy of the rental agreement stating that utilities are included. □ I am renting/sharing a home (a completed Co- Residency Affidavit form must be attached) □ I will complete and attach a Co − Residency Affidavit Form Parent/Guardian Signature: □ Parent/Guardian Signature: □ I will complete I w							
OFFICE USE ONLY*** OFFICE USE ONLY***							
Approved Denied Comments:							
Principal/Principal's Designee Signature:			Dat	e:			

Saddleback Valley Unified School District Co-Residency Affidavit Form



This Co-Residency Affidavit Form must be completed and attached to the Residency Verification Form only by those parents/guardians who share a home with another individual or family member.

memoer.						
The primary resident/owner of the shared a copy of the following items:	l home is	required to o	complete this	section and a	ttach	
☐ His/Her driver's license or passp☐ Two current utility bills to prove☐ Current electric bill☐ Current gas bill☐ Current water bill☐	,		er name and a	ddress		
resident/owner of the address listed on the claiming the address on the Residency Verweek. I further declare that all of the information provided by the pare that home visitation and/or residency verifesidency established by a Residency Verifevidence to verify my residency. I agree to change in the status of the residency of the myself.	ne Resider rification mation p ent(s)/gu ification is ication Fo o notify the	ncy Verificati Form reside(rovided in the ardian(s), is to s a part of a porm. I will su se Saddlebac	on Form and on Form and on Form at the Residency Varue and corresponding processionit the required to the requ	that the person least (5) days derification For ect. I understant ess to confirmulired pieces of there is any	per per orm, and	
I certify under penalty of perjury that the	foregoin	g is true and	correct.			
Executed on the date below in the County	of		, California.			
Signature of Primary Resident/Owner*	-	Date	ä			
*In order to validate the residency form, t signed in front of an SVUSD employee or a			imary Resider	nt/Owner mus	st be	
Subscribed and sworn to before me this _		day of		, 20		
	(date)		(month)	(year)		
Notary Public		SVI	SVUSD Employee Witness			